Name In Full — Certificate of Death

Edward Clark

Died at Berlin (Town) Worcester (County) MARYLAND

Date 189 9 Month Oct. Day 4 | Age Y. 6 M. — D. — | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living

~~Husband~~ ~~Wife~~ of

146 a

Father's Name John Clark | Mother's Name Unknown.

Cause of Death: Primary — Playing with Matches | How long sick 10 hours

Immediate — Burned to death. | Accident, ~~Suicide, Homicide~~

Reported by Ellen Holland

Address Berlin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full | Certificate of Death

Norman H. Fossitt

Died at Town: Berlin | County: Worcester | MARYLAND

Date 189 9 | Month 10 | Day 26 | Age Y. 10 M. D. | Native of Worcester | Occupation

Male | ~~White~~ | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | Colored | Single | ~~Widower~~ | ~~Number of children living~~

Husband of Wife

Father's Name: John A. | Mother's Name: Sarah E.

Cause of Death: Primary: Bilious fever | How long sick: 10 days

Immediate: " " | Accident, Suicide, Homicide

Reported by: John A. Fossitt

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Attended by Dr. John W Pitts

of Berlin Md

Information contained in this certificate re-

ceived from J. A. & E. Fassetta

of Berlin

J. E. W. M.D.

Name In Full John Holland

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 189 Month Oct Day 7 | Age Y. 70 M. D. | Native of Md | Occupation farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

~~Wife~~ Husband of 57

Father's Name Isaac Holland | Mother's Name

Cause of Death: Primary Valvular disease of Heart | How long sick several mos

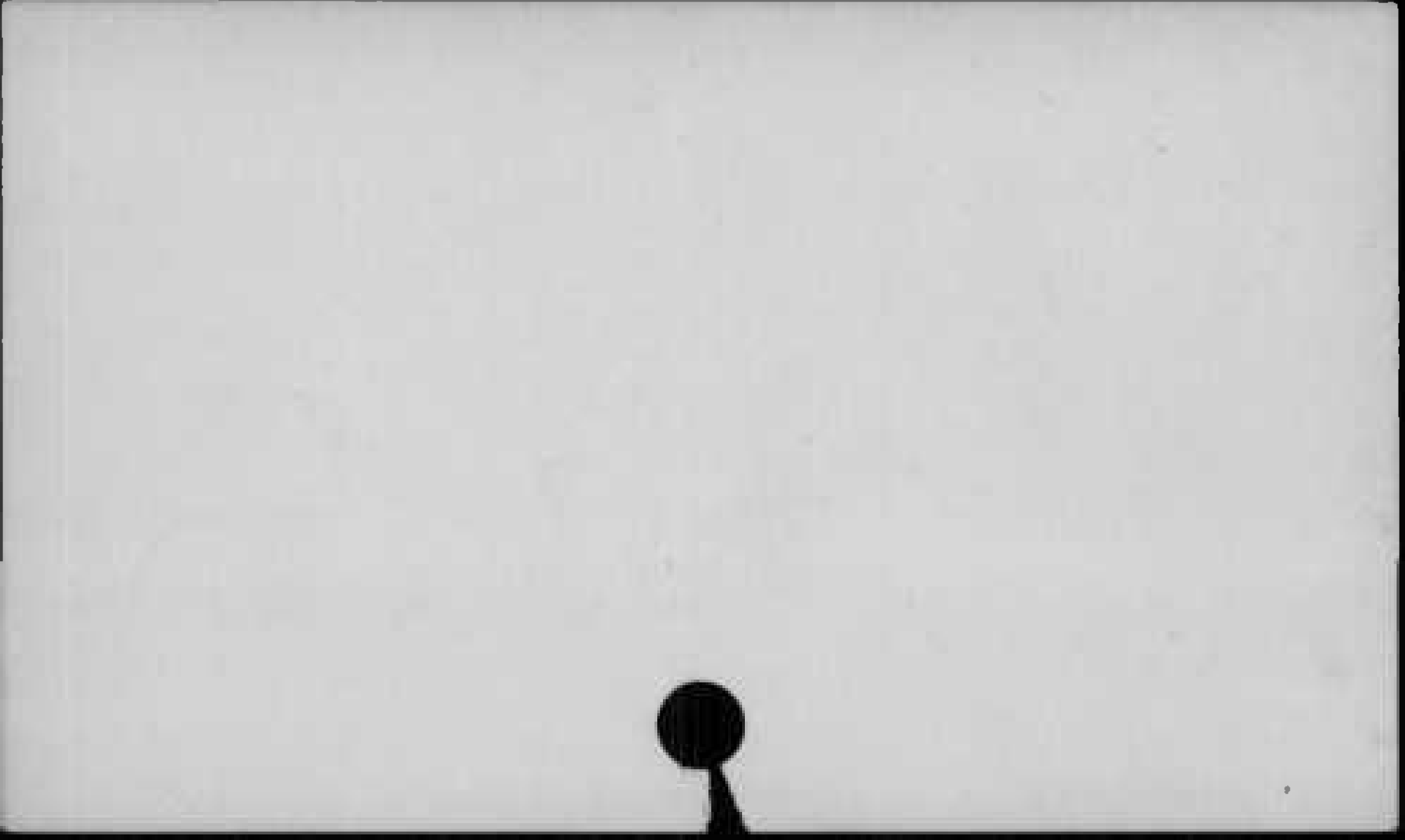
Immediate Congestion of Lungs | ~~Accident, Suicide, Homicide~~

Reported by Eli Holland

Address Berlin Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Miss Mary Jones

Died at Town Pocomoke County Worcester MARYLAND

Date 189 Month 10 Day 7 | Age Y. 73 M. D. | Native of Maryland | Occupation House Keeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of ~~children living~~

Husband of
Wife ✓

Father's Name dont Know | Mother's Name dont Know

Cause of Death — Primary: Consumption 22a — How long sick: about 2 years

Immediate: Hemorrhage — Accident, Suicide, Homicide

Reported by C. F Hargis

Address Pocomoke Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certific
ceived from _____

of _____

Name In Full Philopoena Miller

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 189 9 Month 10 Day 24 | Age Y. 73 M. D. | Native of Md | Occupation Farmer

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ of
Wife

~~Father's Name~~

~~Mother's Name~~ 141

Cause of Death — Primary: old age — How long sick several months

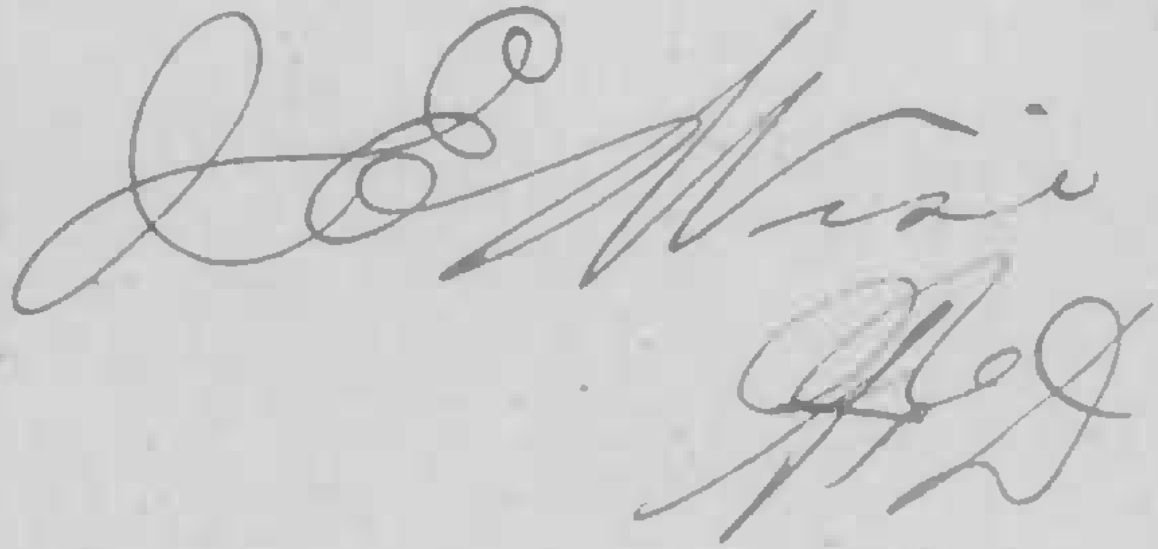
Immediate: Valvular disease of heart — ~~Accident, Suicide, Homicide~~

Reported by E. Holland

Address Berlin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full Wm. S. Tyote. Certificate of Death

Died at Town Newark County Worcester MARYLAND

Date 1899 Month Oct. Day 16 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

152a

Cause of Death { Primary / Immediate Killed by fall tree | How long sick

Accident, ~~Suicide, Homicide~~

Reported by Cecil Whig.

Address Oct. 21/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr. Henry.

Name In Full

Mrs Alepine Powell

Cartificata of Death

Died at Town: Pocomoke City County: Worcester MARYLAND

Data 1899 Month: 10 Dey: 21 Age: Y. M. D. Native of: Maryland Occupation: Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced Number of children living 2

Husbend of Wifa: Frank Powell

Father's Nama: William Milbourn Mother's Nama: Sarah Milbourn

Ceuse of Death — Primary: Cancer 2 Sq — How long sick: about 6 months

Immediate — Accident, Suicide, Homicide

Reported by C F Hargis

Address Pocomoke Md

Must be signed by physician, if eny in attendance, otharwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]B

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

William R. Powell

Certificate of Death

Town: Near Snow Hill. County: Worcester

Died at MARYLAND

Date 1899 Month 10 Day 5 | Age Y. 71 M. – D. – | Native of Md. | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / ~~Widow~~ / Widower / ~~Divorced~~ | Number of children living 3

~~Husband~~ of ~~Wife~~

Father's Name Hanly Powell | Mother's Name Lithi Powell

Cause of Death — Primary: 57

Immediate: Valvular Dis. of Heart. | How long sick 4 mos.

Accident, Suicide, Homicide

Reported by W. D. Straughn M.D.

Address Snow Hill. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Rose Winter Rockwell

Certificate of Death

Died at Town Hagerstown County Wash MARYLAND

Date 189 9 Month Oct. Day 21 | Age Y. 8 M. - D. - | Native of Md | Occupation Sch. Girl

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of Wife —

Father's Name Edward Rockwell | Mother's Name Dead —

Cause of Death: Primary Diphtheria 8a | How long sick 36 hrs

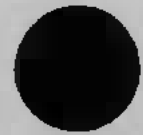
Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Wm Bristow Miller

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full Certificate of Death

Unnamed Taylor

Died at Town Snow Hill County Worcester MARYLAND

Date 189 9 Month Oct. Day 9 | Age Y. M. D. 5 | Native of Maryland | Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of —

Wife —

132

Father's Name John H. Taylor

Mother's Name Annie Taylor

Cause of Death: Primary Congenital defect in bone nutrition — How long sick 3 days

Immediate Mollities Ossium — Accident, Suicide, Homicide

Reported by John S. Hydelotte M.D.

Address Snow Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5[illegible]

Name In Full Innominata Truitt

Certificate of Death

Died at Town Taylorville County Worcester Co MARYLAND

Date 189 9 Month 10 Day 1 Age Y. — M. — D. 1 Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Ed Truitt Mother's Name Mary Truitt

Cause of Death Primary pressure on trachea How long sick

Immediate Fits 49 Accident, Suicide, Homicide

Reported by Eli Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

L.J.E